

**NORTH CAROLINA DIVISION OF AGING  
AND  
AREA AGENCY ON AGING**

**MONITORING TOOL FOR GROUP RESPITE PROGRAMS**

Community Service Provider: \_\_\_\_\_

Review Date: \_\_\_\_\_ State Fiscal Year: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Person(s) Interviewed and Title: \_\_\_\_\_

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<b>Program Indicators:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>NA</u></b>
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**1. Policies and Procedures**

***The program adheres to the following written policies and procedures:***

A.	A Mission Statement (GR p. 8).	_____	_____	_____
B.	An organizational chart (GR p. 8).	_____	_____	_____
C.	Statement of the targeted population as having cognitive or physical impairments that do not require hands-on care (GR p. 5).	_____	_____	_____
D.	Statement of Admissions and Discharge Criteria which is provided to families at the time of enrollment in the program (GR p. 5).	_____	_____	_____
E.	Provision for no fewer than two care team members at any program session (GR p. 7).	_____	_____	_____
F.	Program operates a minimum of 3 hours and less than 6 hours each day it is open.	_____	_____	_____
G.	Program operates from 1-4 days per week (GR p. 2).	_____	_____	_____
H.	Policies to be followed in the event of a missing participant (GR p. 6).	_____	_____	_____

**Program Indicators:****Yes****No****NA**

- |    |  |       |       |       |
|----|--|-------|-------|-------|
| I. | A designated First Responder has current CPR training (GR p. 7).   | _____ | _____ | _____ |
| J. | Safety and emergency policies have been reviewed and initialed by program manager semi-annually (GR p. 9).   | _____ | _____ | _____ |
| K. | Other policies have been reviewed and initialed by program manager annually.   | _____ | _____ | _____ |
| L. | Written policies indicate the maximum number of participants that can be enrolled based on either the size of the program space or the number of staff and volunteers (GR p. 4). | _____ | _____ | _____ |
| M. | Policy indicates that either the caregiver or the participant must be 60 years or older (GR p. 3).   | _____ | _____ | _____ |

**2. Building and Grounds**

- |    |  |       |       |       |
|----|--|-------|-------|-------|
| A. | The space compiles with all applicable local, county, state and federal building regulations, zoning, fire and health codes or ordinances (GR p. 4).           | _____ | _____ | _____ |
| B. | The portion of the building utilized for the respite program has a minimum of 40 square feet of indoor space per participant (GR p. 4).                        | _____ | _____ | _____ |
| C. | Comfortable chairs are available for the maximum number of potential participants to set and socialize (GR p. 4).  | _____ | _____ | _____ |
| D. | There is seating at tables with straight chairs for all potential participants (GR p. 4).  | _____ | _____ | _____ |
| E. | The program has adequate provision to keep participants and staff comfortable in hot and cold weather (heating system and air conditioning or fans) (GR p. 4). | _____ | _____ | _____ |
| F. | The program has two restrooms available, at least one of which is handicapped-accessible or a minimum of 1 toilet for 12 adults (GR p. 4).                     | _____ | _____ | _____ |

**Program Indicators:**

		<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>NA</u></b>
G.	Space is available during program hours for conferences or conversations (GR p. 4).	_____	_____	_____
H.	The program space is smoke-free (GR p. 4).	_____	_____	_____
I.	The program area is clean with no visible dirt or dust on the floor or furniture (GR p. 4).	_____	_____	_____
J.	Flooring surface is safe for participants ( GR p. 4).	_____	_____	_____
K.	Exits from the program are secured while the program is operating either by alarms, secured outside areas (with facing) or by staff supervision (GR p. 6).	_____	_____	_____
L.	Provision is made for clients' entrance in inclement weather (i.e., sheltered entrance, large umbrellas, etc.) (GR p. 4).	_____	_____	_____
M.	The program space is well-lighted (GR p. 4).	_____	_____	_____
N.	A telephone is accessible in the building (GR p. 4).	_____	_____	_____
O.	The program setting is handicapped-accessible (GR p. 4).	_____	_____	_____

**Program Indicators:****Yes****No****NA****3. Staff and Volunteers (Service Team)**

- A. The ratio of staff and volunteers to participants is no fewer than 1:3 (GR p. 9).

\_\_\_\_\_

*Each staff and volunteer (service team member) file contains:*

- B. Application form with information on referral source, background experience, interests and skills (GR p. 9).

\_\_\_\_\_

- C. Job description (GR p. 9).

\_\_\_\_\_

- D. Signed checklist that person has received training on (GR p. 9-10):

- Safety Issues
- Confidentiality Policies and Procedures Outlined in the HCCBG Manual (GR p. 8)
- Participant Rights Statement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- E. Document signed that to the best of their knowledge they do not have a health condition that would put others at risk (GR p. 7).

\_\_\_\_\_

- F. Results of a baseline test for tuberculosis (GR p. 7).

\_\_\_\_\_

**4. Program**

- A. Cognitively impaired program participants wear name badges while in the program (GR p. 6).

\_\_\_\_\_

- B. If program lasts through a meal hour is scheduled as included in the monthly calendar (GR p. 6).

\_\_\_\_\_

- C. Snacks are served in the morning and/or afternoon (GR p. 6).

\_\_\_\_\_

- D. The program has an Advisory board that meets on a regularly-scheduled basis (GR p. 10).

\_\_\_\_\_

- E. The program has liability insurance coverage for employees, volunteers and advisory board members (GR p. 10).

\_\_\_\_\_

**Program Indicators:****Yes****No****NA**

*In an examination of 4 participant files,  
randomly-selected, each file has the following:*

- |    |   |       |       |       |
|----|---|-------|-------|-------|
| F. | Client Registration Form (DOA-101 or DSS-5027)<br>dated within 12 months (GR pp. 5-7).  | _____ | _____ | _____ |
| G. | Recognizable photo of participant (GR p. 5).  | _____ | _____ | _____ |
| H. | Participant's health form signed by a qualified<br>health professional (GR p. 5).   | _____ | _____ | _____ |
| I. | Assessment form dated within 12 months<br>(GR pp. 5 & 8).   | _____ | _____ | _____ |
| J. | Document signed by caregiver (or the participant<br>if s/he lives alone) that participant does not have a<br>health condition putting others at risk (GR p. 5). | _____ | _____ | _____ |
| K. | Authorization from caregiver for administration<br>of medications (if applicable) (GR p. 5).  | _____ | _____ | _____ |
| L. | A cost-sharing form signed by the caregiver or<br>participant (GR p. 5).  | _____ | _____ | _____ |

*The following are recommended in the standards:*

- |     |   |       |       |       |
|-----|---|-------|-------|-------|
| 5.  | Participant files contain the following: Release<br>forms permitting the use of photographs or names<br>of participant (GR p. 5). | _____ | _____ | _____ |
| 6.  | Form permitting participation in field trips (GR p. 5).   | _____ | _____ | _____ |
| 7.  | Advance directives for participants who have<br>such directives (GR p. 5).  | _____ | _____ | _____ |
| 8.  | The program sponsors a support group (GR p. 7).   | _____ | _____ | _____ |
| 9.  | Volunteers are recognized annually for their<br>contributions to the program (GR p. 9).   | _____ | _____ | _____ |
| 10. | The program provides transportation for<br>participants (GR p. 6).  | _____ | _____ | _____ |